S. No. 300
v. 10.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 6 1951

State File No. 1

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 19

1. PLACE OF DEATH
a. COUNTY: Adair
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kirksville
c. LENGTH OF STAY (In this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Laughlin Hosp. and Clinic

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Sullivan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Green Castle 1050
d. STREET ADDRESS (If rural, give location): No street address

3. NAME OF DECEASED (Type or Print): a. (First) Hiram b. (Middle) Franklin c. (Last) Amick

4. DATE OF DEATH (Month) (Day) (Year): Jan. 10, 1951

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: August 26, 1857

9. AGE (In years last birthday): 93 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sawmill operator

10b. KIND OF BUSINESS OR INDUSTRY: Lumber

11. BIRTHPLACE (State or foreign country): Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Gideon Amick

13b. MOTHER'S MAIDEN NAME: Ann Sipe

14. NAME OF HUSBAND OR WIFE: Abigale Runnels Amick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. Charles Conkin, Green Castle, Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH: —

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Diffuse Glomerulonephritis
DUE TO (c) ----

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. -----

19a. DATE OF OPERATION: --
19b. MAJOR FINDINGS OF OPERATION: -----
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): ---
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): ---- m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: ----

22. *I hereby certify that I attended the deceased from* 1/8, 1951, *to* 1/10, 1951, *that I last saw the deceased alive on* 1/10, 19 51 *and that death occurred at* 11:10 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A. T. Rhoads D.O.
23b. ADDRESS: Kirksville, Mo.
23c. DATE SIGNED: 1/13/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 13, 1951
24c. NAME OF CEMETERY OR CREMATORY: Novinger Cemetery
24d. LOCATION (City, town, or county) (State): Novinger, Mo.

DATE REC'D BY LOCAL REG.: 1-13-51
REGISTRAR'S SIGNATURE: Kate Lambert
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Glenn E. Kent & Son, Green City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

Date Received: JAN 2 2
DISTRICT HEALTH OFFIC
District File Number /-
Date Filed: FEB 5 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by_____

working under my personal supervision. Student Embalmer No.....

Signed Karl B. Kent

Signed.....
Student Embalmer

Licensed Embalmer No. 4689

P. O. Address Green City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.